PE 'C N' 123 2003 EN THE UNITE

petition PA

## THE UNITED STATES PATENT AND TRADEMARK OFFICE

N RE APPLICATION OF:

CARLIN ET AL.

SERIAL No.: 09/868,243

FILED: June 15, 2001

FOR: Oral Vaccine against Diarrhea

GROUP ART UNIT: 1645.

EXAMINER: S. Devi

ATTY. REFERENCE CEALLED // JDB

OCT 27 2003

COMMISSIONER OF PATENTS P.O. Box 1450 Alexandria, VA 22313-1450 OFFICE OF PETITIONS

Sir:

The below identified communication(s) or document(s) is(are) submitted in the above application or proceeding:

■ Petition to Revive Patent Application Unintentionally Abandoned and fee of \$1330

Issue Fee Transmittal Form and fee of \$1330

Petition to Withdraw from Issue and fee of \$130

Request for Continued Examination and fee of \$2212

Information Disclosure Statement

Appointment of Associate Power of Attorney and Change of Correspondence Address

Amendment

Revocation of Associate Power of Attorney

☑ Check in the total amount of \$\_5002.00

Please debit or credit **Deposit Account Number 02-0200** for any deficiency or surplus in connection with this communication. A duplicate copy of this sheet is provided for use by the Deposit Account Branch.

23364 Customer Number

**BACON & THOMAS, PLLC** 

625 SLATERS LANE - FOURTH FLOOR ALEXANDRIA, VIRGINIA 22314 (703) 683-0500

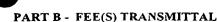
DATE: October 23, 2003

Respectfully submitted,

Joseph DeBenedictis
Attorney for Applicant

Registration Number: 28,502





RECEIVED #12

OCT 27 2003

Complete and send this form, together with applicable fee(s), to: Mail Box ISSUE FEE

**Commissioner for Patents** 

Washington, D.C. 20231

Fax (703)746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legally mark-up with any corrections or use Block 1)

7590

02/05/2003

Thomas P McCracken Powderject Pharmaceuticals PLC Florey House Robert Bobinson Avenue The Oxford Science Park Oxford, OX44GA UNITED KINGDOM



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name) (Signature) (Date

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/868,243	06/15/2001	Nils Carlin	CARL3003/REF	7055

TITLE OF INVENTION: ORAL VACCINE AGAINST DIARRHEA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1300	\$0	\$1300	05/05/2003	
EXAMI	NER	ART UNIT	CLASS-SUBCLASS			
DEVI, SARVAM	ANGALA J N	1645	424-257100			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a			
Change of correspond Address form PTO/SB/1	ence address (or Change of 22) attached.	Correspondence	single firm (having as a memi attorney or agent) and the nar	per a registered		
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered patent attorneys or age is listed, no name will be printed.	ents. If no name	<del></del>	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SBL VACCIN AB

Lundagatan 2, S-105 21 Stockholm, Sweden

Please check the appropriate assignee category or catego	es (will not be printed on the patent) 🔲 individual 🖔 Corporation or other private group entity 🚨 governmen					
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):					
X Issue Fee	⚠ A check in the amount of the fee(s) is enclosed.					
□ Publication Fee	☐ Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copies	The Commissioner is hereby authorized by charge the charge the commissioner is hereby authorized by charge the charge th					
Commissioner for Patents is requested to apply the Issue	ee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.					

(Authorized Signature)

Joseph DeBenedictis, Reg. No. 28,502 Oct 23, 200.3

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, D.C 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

10/27/2003 ANDNDAF2 00000004 09868243 1330.00 OP 01 FC:1501

TRANSMIT THIS FORM WITH FEE(S)